

"FEE ADDRESS" INDICATION FORM

Address to:
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Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with the following customer number:



Customer Number

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10

Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
7,307,099	10/539,451

(check one)

☐ Applicant/Inventor

/B. J. Sadoff/

Signature

☒ Attorney or Agent of record

36,663

(Reg. No.)

B. J. Sadoff

Typed or printed name

☐ Assignee of record of the entire interest. See 37 C.F.R. § 3.71. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96)

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Frame

May 13, 2008

Date _____

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

☒ *Total of 1 form/s are submitted.